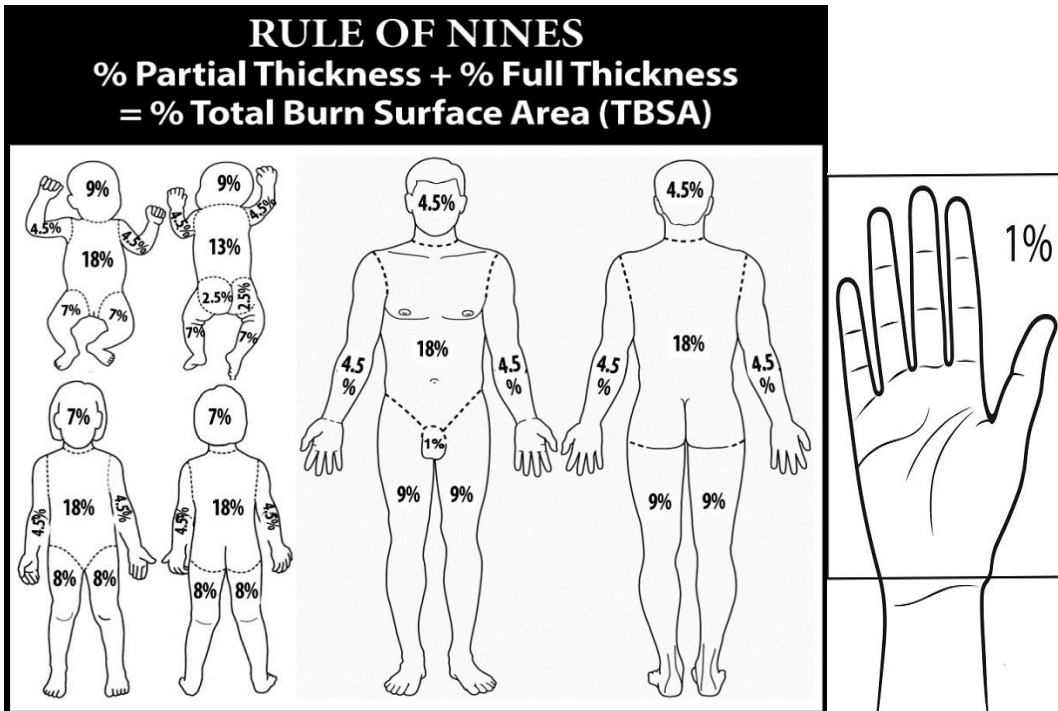


**%BSA by anatomical area**

**Palm-and-hand calculation**



<sup>a</sup> Palm of hand (including fingers) of infant or child = 1% of the total body surface

**Burn Center Referral Criteria**

Any patient with a life threatening condition should be treated until stable at the nearest appropriate facility before being transferred to a burn center. According to the American Burn Association, burn injuries that should be referred to a burn center include:

1. Partial thickness burns greater than 10% total body surface area (TBSA)
  2. Burns that involve the face, hands, feet, genitalia, perineum, or major joints
  3. Third-degree burns in any age group
  4. Electrical burns, including lightning injury
  5. Chemical burns
  6. Inhalation injury
  7. Burn injury in patients with preexisting medical disorders that could complicate management, prolong recovery, or affect mortality
  8. Any patients with burns and concomitant trauma (such as fractures) in which the burn injury poses the greatest risk of morbidity or mortality. In such cases, if the trauma poses the greater immediate risk, the patient may be initially stabilized in a trauma center before being transferred to a burn unit. Physician judgment will be necessary in such situations and should be in concert with the regional medical control plan and triage protocols
  9. Burned children in hospitals without qualified personnel or equipment for the care of children
- Burn injury in patients who will require special social, emotional, or rehabilitative intervention